



INSTRUCTOR EXAMINATION (IE) ENROLLMENT FORM

DIRECTIONS — Please complete this form and bring it along with a copy of your Instructor Certificate of Completion, a copy of your current medical exam form signed by a physician and *full* tuition to your PADI IE. All forms will be collected by your Examiner.

PADI reserves the right to cancel or reschedule IEs as staffing and logistics require. Instructor Examination enrollment is limited; contact your PADI Office for further information.

NOTE: If you are attending a PADI Instructor program immediately preceding an IE, the Course Director conducting that course may preregister you for the IE.

PLEASE PRINT OR TYPE

Name _____ PADI No. _____
First Initial Last
Mailing Address _____
City _____ State/Province _____
Country _____ Zip/Postal Code _____
Business Phone (____) _____ Home Phone (____) _____
FAX (____) _____ Email _____

COURSE COMPLETED

- 5 Star IDC Gold Palm IDC Alternate Location IDC Career-Oriented College Diving Program IDC
 Career Development Center (6-week program) Career Development Center (IDC and five pre- or post-IDC courses)

Start Date _____ Completion Date _____
(Day/Month/Year) (Day/Month/Year)
Location (Store, Alt. Loc., College) _____ Store No. **S-** _____
Course Director Name _____ **CD-** _____

Note: A copy of your Instructor Certificate of Completion and a copy of your medical exam form signed by a physician within the last 12 months stating that you are fit for scuba diving must be attached.

IE ENROLLMENT

IE Start Date _____ IE Completion Date _____
(Day/Month/Year) (Day/Month/Year)
IE Location (City and State/Country) _____
 First IE Second IE Third IE Subsequent IE Date of previous _____ Location _____
(Day/Month/Year)

COURSE FEE: See current PADI Price List for processing fee.

PAYMENT METHOD – See current price list for payment information.

Check Mastercard VISA Discover AMEX JCB Wire Transfer Switch Issue No. _____
Card No. _____

Expiration Date _____
Cardholder Name _____
Please Print

Authorized Signature _____

DO NOT WRITE IN THIS SPACE
Date _____
Amount _____